

This Form MUST be submitted with:	Form MU 1
	Form MU 1 - Arizona Addendum
	Form MU 2
This Form MUST be completed by the:	Responsible Individual
	Officers
	Owners (Each individual identified on Schedule A and B)
OWNERS - Financial Responsibility	Must Also Attach Our Personal Financial Statement

FORM AZ_MU2	BIOGRAPHICAL STATEMENT & CONSENT FORM ("BSC") COMMERCIAL & MORTGAGE BANKER (LENDER)/MORTGAGE BROKER
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2. **Attach a detailed written explanation for any and all past or current derogatory credit. Your credit will be pulled and reviewed in conjunction with this BSC submission and a written explanation for each derogatory item found is required.**
3. **Attach your completed fingerprint card and the \$29 processing fee? Submit Only "1" card. You must complete your fingerprint card according to the fingerprint card instructions. IF NOT, IT WILL BE RETURNED TO YOU. Complete all fields that you are required to complete and Do not complete fields that are required to be left blank.**
4. **You must attach a LEGIBLE copy of your driver's license.**

Read, sign & notarize both top & bottom portions of this document.

IMPORTANT: The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense.

AFFIDAVIT (part 1)

STATE OF _____)ss
COUNTY OF _____

I, (Print Your Name) _____ certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

Date Signature

Notarization of Signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

My commission expires: Notary Public

AFFIDAVIT (part 2)

STATE OF _____)ss
COUNTY OF _____

I, (Print Your Name) _____ in connection with (Print Company Name) _____

_____ and pursuant to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions, the Attorney General of Arizona and their agents, to examine or receive a copy of any record maintained by the United States Armed Forces, or any Governmental Body, or any University, College or Board of Education of any state, or any bank or credit agency, relating to me, in the same manner and to the same extent as if I personally applied for the same, and I hereby authorize such records be disclosed or furnished in accordance with any request made by or on behalf of the Superintendent of Financial Institutions, the Attorney General of Arizona or their agents.

Date Signature

Notarization of Signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

My commission expires: Notary Public

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1. **FEE:**

No fee is required for Form MU2 or for Form MU2_Arizona Addendum.

However, IF you are a licensee and you are changing the Responsible Individual (“RI”) there is a \$250 RI change fee required.

2. **WHO TO CONTACT:**

To contact the licensing division of the Arizona Department of Financial Institutions call 602.255.4421 and ask for licensing or send your questions via e-mail to licensing@azdfi.gov for additional assistance.

3. **DELIVERY INSTRUCTIONS**

Please send the original completed Form MU1, and MU2 forms and the AZ addendums, fees, and all required attachments to the following address:

**Arizona Department of Financial Institutions
Licensing Division
2910 North 44th Street, Suite 310
Phoenix, Arizona 85018**

4. **MAKE CHECK(S) PAYABLE TO**

Arizona Department of Financial Institution or AZDFI

Fingerprint card fees must be on a separate check from all other types of fees.

FORM AZ_MU2	BIOGRAPHICAL STATEMENT & CONSENT FORM (“BSC”) COMMERCIAL & MORTGAGE BANKER (LENDER)/MORTGAGE BROKER Fingerprint Card Instructions
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Fingerprints must be done by a Law Enforcement Department.

See Arizona Administrative Code R20-4-103.

See Application Instructions under “Biographical Statement & Consent Form & Fingerprint Card” for fingerprint instructions; then order your fingerprint cards from our Department. To request fingerprint cards, go to the Licensing page of our website azdfi.gov or fax us your request at (602) 381-1225.

Fingerprint cards are forwarded to the Arizona Department of Public Safety for processing by the Federal Bureau of Investigation. The FBI sets the following rules for the submission of fingerprint cards:

One Card Per Person

- ORI Field on fingerprint card must have Phoenix, AZ information or be blank. It cannot have another State’s information in that field. Do not use white out material.
- Do not use a highlighter on the fingerprint card. The FBI’s scanners cannot record the information if card contains highlighter.
- Do not overlap the borders of the block in which you enter information. The scanners cannot read information that overlaps the block.
- Do not use whiteout on the fingerprint card. If information on the card needs to be changed, you may use a white address label affixed within the blue borders of the block.
- Do not overlap any information into the actual fingerprint area.
- Do not enter any information in the block entitled “Employer and Address”. The Department will enter this information.
- Do not enter any information in the block entitled “Reason Fingerprinted”. The Department will enter this information.
- Do not alter any preprinted information on the fingerprint card.

Failure to adhere to these guidelines may result in the fingerprint card being returned and a new card required to be submitted.

Fingerprint fees must be on a separate check if other fees are being enclosed.

Make check payable to: **Arizona Department of Financial Institutions or AZDFI**

**FORM
AZ_MU2**

**BIOGRAPHICAL STATEMENT & CONSENT FORM ("BSC")
COMMERCIAL & MORTGAGE BANKER (LENDER)/MORTGAGE BROKER
Fingerprint Card Instructions**

You may use any fingerprint card that is identical to the one show below, as long as there is no preprinted information on the card. All fields must be blank unless received from the Arizona Department of Financial Institutions.

Do not write in any field marked "Leave Blank". Complete all remaining identifying information fields. If there are fields that do not apply, enter N/A.

Review fingerprint card instructions above.

APPLICANT		LEAVE BLANK //Leave Blank//		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME MIDDLE NAME				FBI LEAVE BLANK //Leave Blank//	
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		ORI //Leave Blank//				DATE OF BIRTH <u>DOB</u> Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CITZ</u>		SEX	RACE	HGT	WGT	EYES	HAIR
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. <u>OCA</u> //Leave Blank//		LEAVE BLANK //Leave Blank//				
EMPLOYER AND ADDRESS //Leave Blank//		FBI NO. <u>FBI</u>		CLASS					
REASON FINGERPRINTED //Leave Blank//		ARMED FORCES NO. <u>MNU</u>		REF.					
		SOCIAL SECURITY NO. <u>SOC</u>							
		MISCELLANEOUS NO. <u>MNU</u> //Leave Blank//							
<div style="text-align: center; font-size: 48px; opacity: 0.5; transform: rotate(-15deg);">Sample</div>									
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE	
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

FORM AZ_MU2	BIOGRAPHICAL STATEMENT & CONSENT FORM (“BSC”) COMMERCIAL & MORTGAGE BANKER (LENDER)/MORTGAGE BROKER Personal Financial Statement
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Do not use for business statement.

Legibly print or type all information.

There must be an answer provided for each question. Therefore, if not applicable use “None” or “N/A.”
Schedules, details and descriptions must be completed in space provided and by attachments if necessary.
Describe any unusual assets or liabilities.

Name:		Financial Condition As Of:	
Address:	City:	State:	Zip:
Occupation:	Customer at what financial institution:		

TOTAL ASSETS MUST EQUAL TOTAL LIABILITIES AND NET WORTH.

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in Bank	\$	Notes Payable to Bank	\$
Cash in other Banks (detail)	\$	Notes payable to Other Banks (detail)	\$
Ordinary Accounts receivable - Good	\$	Ordinary Accounts Payable	\$
Due from Friends and Relatives (describe)	\$	Due to Friends & Relatives (describe)	\$
Notes Receivable - Good (Sched 1)	\$	Notes Payable to Others (describe)	\$
Mortgages Owned (Sched 1)	\$	Automobile Loans or Leases	\$
Readily Marketable Securities (Sched 4)	\$		
Other Securities (Sched 4)	\$	Due to Brokers	\$
Cash Surrender Value of Life Insurance (Sched 5)	\$	Loans on Life Insurance (Sched 5)	\$
Real Estate & Buildings (Sched 2)	\$	Mortgages or Liens on Real Estate (Sched 3)	\$
Automobiles	\$	Installment Loans	\$
Personal Property	\$	Income Taxes Payable	\$
Other Assets (describe)	\$	Other Taxes Payable	\$
		Other Liabilities (describe)	\$
		Credit Cards	\$
		TOTAL LIABILITIES	\$
		NET WORTH (Assets Minus Liabilities)	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES and Net Worth	\$

Approximate annual income and expense
 (Exclusive of ordinary living expenses)

INCOME	AMOUNT	FIXED EXPENSES	AMOUNT
Salary From _____	\$	Insurance Premiums	\$
Income from Securities	\$	Rent or Mortgage Payments	\$
Real Estate Rental	\$	Income Taxes (for year _____)	\$
Net Income form Business or Profession	\$	Other Taxes	\$
Other (Alimony, child support or separate maint.)	\$	Other (Include alimony, child support or	\$
		separate maintenance payments if you are	\$
		obligated to make them.	\$
TOTAL INCOME	\$	TOTAL	\$

1. Are the above evaluations on receivable conservative? ☐ Yes ☐ No (If no, explain by separate letter)
2. Are any assets pledged or debts secured except as indicated? ☐ Yes ☐ No (If yes, itemize by debt and security)
3. Do you have any contingent liabilities for guarantees, endorsements or otherwise? ☐ Yes ☐ No (If yes, explain)
4. Do you do business with any other bank? ☐ Yes ☐ No (If yes, nature of business)

**FORM
AZ_MU2****BIOGRAPHICAL STATEMENT & CONSENT FORM ("BSC")
COMMERCIAL & MORTGAGE BANKER (LENDER)/MORTGAGE BROKER
Personal Financial Statement**

5. If you are married are any of the above assets your spouse's separate property? ☐ Yes ☐ No (If yes, itemize)
6. Are there any suits, judgments, tax deficiencies or other claims pending or in prospect against you? ☐ Yes ☐ No (If yes, explain by separate letter)
7. Have you ever gone through bankruptcy or compromised a debt? ☐ Yes ☐ No (If yes, explain by separate letter)
8. Have you made a will? ☐ Yes ☐ No Who is named executor of estate? _____

Complete the following schedules**Schedule 1 - notes and mortgages owned**

Describe here or on separate sheet any important or unusual receivables.

Name Of Debtor	Amount Due	How Payable	Remarks (Include description & value of any security)
	\$		
	\$		
	\$		
	\$		
	\$		

Schedule 2 – real estate and buildings

Please give details of encumbrances on Schedule 3 opposite proper parcel number.

Parcel	Location & Description (Include improvements)	Monthly Income	Title In Name Of	Value On Land	Improvements	Encumbrances Amount	Fire Ins. Amount
No. #1		\$		\$		\$	\$
No. #2		\$		\$		\$	\$
No. #3		\$		\$		\$	\$
No. #4		\$		\$		\$	\$
No. #5		\$		\$		\$	\$

What is the basis for the above valuations? (State whether cost, fair market value today or other basis)

Are there any properties held on joint tenancy? ☐ Yes ☐ No Parcel numbers**Schedule 3 - real estate encumbrances**

Parcel	Amt. Owing Per Sched 2	Nature Of Encumbrance And To Whom Payable	Interest Rate	Due Date	Payment Amount	*Are Interest & Principal Current.
No. #1	\$				\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #2	\$				\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #3	\$				\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #4	\$				\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #5	\$				\$	Yes <input type="checkbox"/> No <input type="checkbox"/>

*If any payments of principal or interest
are delinquent please give details.Are any taxes delinquent? ☐ Yes ☐ No
(If yes, give amount and details)Are there any unrecorded deeds, liens or
other claims not shown above?

**FORM
AZ_MU2****BIOGRAPHICAL STATEMENT & CONSENT FORM ("BSC")
COMMERCIAL & MORTGAGE BANKER (LENDER)/MORTGAGE BROKER
Personal Financial Statement****Schedule 4 - securities owned**
Please attach separate schedule sheet if needed.

Stock - Shares, Bond Amounts	Description	Value Carried On This Statement	Current Market On Listed Amount		Estimated Value on Unlisted		
			@	Amount	@	Amount	Ann. Div
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	

In whose name are the above securities held? _____

If in names of yourself and co-owner, are they joint tenancy? _____

Schedule 5 - Insurance

Public liability on autos		Property Damage on Autos	\$
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Life Insurance

Beneficiary	Amount Of Policy	Cash Value	Amount Of Liens	Net Cash Value
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

I certify that the above information provided by me is true, complete, and correct to the best of my knowledge and belief. (PROVIDE ALL INFORMATION BELOW)

My direct telephone number is:

My fax # is:

Date:

Title:

Print Name:

Signature: